



## Contracted provider reconsiderations

As a provider, you have the right to request a reconsideration if you believe your request for payment was denied, paid incorrectly, or your authorization for services was not appropriately approved. If you would like to file a reconsideration, you may do so **within 60 calendar** days from the date of this notice by submitting a written request to the following:

OptumCare Provider Dispute Resolution  
PO Box 30781  
Salt Lake City, UT 84130-0781

## Appeals process for non-contracted Medicare providers

Pursuant to federal regulations governing the Medicare Advantage program, non-contracted providers may request reconsideration (appeal) of a Medicare Advantage plan payment denial determination. To appeal a claim denial, submit a written request within 60 calendar days of the remittance notification date and include at a minimum:

- A statement indicating factual or legal basis for appeal
- A signed Waiver of Liability form
- A Waiver form can be obtained on [http://www.humana.com/resources/support\\_center/forms.aspx](http://www.humana.com/resources/support_center/forms.aspx)
- A copy of the original claim
- A copy of the remittance notice showing the claim denial

Any additional information, clinical records, or documentation

### Fax or mail the appeal request to:

Humana Inc  
Appeals and Grievance Department  
PO Box 14165  
Lexington, KY 40512-4165  
Fax: 1-800-949-2961

## Payment dispute process for non-contracted Medicare providers

Pursuant to federal regulations governing the Medicare Advantage program, non-contracted providers may file a payment dispute for a Medicare Advantage plan payment determination. A payment dispute may be filed when the provider disagrees with the amount paid, including issues related to bundling of services. To dispute a claim denial, submit a written request within 120 calendar days of the remittance notification date and include at a minimum:

- A statement indicating factual or legal basis for the dispute
- A copy of the original claim
- A copy of the remittance notice showing for the claim payment
- Any additional information, clinical records, or documentation to support the dispute

Fax or mail the payment dispute to:

Humana Inc  
Appeals and Grievance Department  
PO Box 14165  
Lexington, KY 40512-4165  
Fax: 1-800-949-2961

For additional information on the Non-contracted Appeal and Dispute processes including a form that may be used to facilitate your request for appeal or dispute, please go to [www.humana.com](http://www.humana.com)



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